

#17

## FAX COVER SHEET

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Message to Examiner Joynes

Title

Company

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Phone Number

Fax Number 703-746-5330

Message from R. Vacca

Phone Number 636-226-3340

Fax Number 636-226-3415

Comments:

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): STEPHEN PAUL BARTELS ET AL.

Docket No.

P02930

Serial No.

09/816,284

Filing Date

MARCH 23, 2001

Examiner

R. JOYNES

Group Art Unit

1615

Invention: **NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION**I hereby certify that this **AMENDMENT TRANSMITTAL LETTER**

(Identify type of correspondence)

is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The

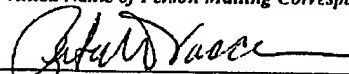
Commissioner of Patents and Trademarks, Washington, D.C. 20231-0001 on

MAY 8, 2003

(Date)

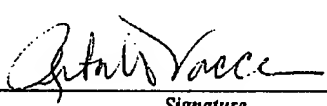
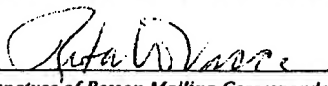
RITA D. VACCA

(Typed or Printed Name of Person Mailing Correspondence)



(Signature of Person Mailing Correspondence)

Note: Each paper must have its own certificate of mailing.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>P02930</b>	
Applicant(s): <b>STEPHEN PAUL BARTELS ET AL.</b>					
Serial No. <b>09/816,284</b>	Filing Date <b>MARCH 23, 2001</b>	Examiner <b>R. JOYNES</b>		Group Art Unit <b>1615</b>	
Invention: <b>NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION</b>					
<u><b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	25 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	6 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="margin-top: 10px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1425</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div style="margin-top: 20px;"> _____ Signature</div>			Dated: <b>MAY 8, 2003</b>		
<b>RITA D. VACCA, REG. NO. 33,624</b>					
<b>BAUSCH &amp; LOMB INCORPORATED ONE BAUSCH &amp; LOMB PLACE ROCHESTER, NEW YORK 14604-2701</b>					
<div style="margin-top: 10px;">I certify that this document and fee is being deposited on <b>MAY 8, 2003</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. <div style="text-align: center;"> Signature of Person Mailing Correspondence <b>RITA D. VACCA</b> Typed or Printed Name of Person Mailing Correspondence</div></div>					
cc:					

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**Applicant(s): **STEPHEN PAUL BARTELS ET AL.**

Docket No.

**P02930**

Serial No.

**09/816,284**

Filing Date

**MARCH 23, 2001**

Examiner

**R. JOYNES**

Group Art Unit

**1615**Invention: **NUTRITIONAL SUPPLEMENT TO TREAT MACULAR DEGENERATION**

I hereby certify that this **SUPPLEMENTAL RESPONSE TO OFFICE ACTION FINAL REJECTION**  
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